

RURAL DISTRICT OF WAKEFIELD

1965

annual report

Medical Officer of Health

GEOFFREY IRELAND, B.Sc., M.B., B.Ch., D.P.H.

Public Health Inspector

E. HEALD, M.R.S.H.

R U R A L D I S T R I C T O F W A K E F I E L D

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1965



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WAKEFIELD RURAL DISTRICT COUNCIL**PUBLIC HEALTH COMMITTEE****1965 — 1966**

Councillor C. J. Kirk (Chairman)

Councillor H. E. Elsley (Vice-Chairman)

Councillor R. E. Cooper

Councillor E. Crossley

Councillor C. Darwell

Councillor J. T. Foley, J.P.

Councillor B. A. Hardcastle

Councillor C. W. Hooley

Councillor W. Howley

Councillor A. Mellor

Councillor F. W. Middleton

Councillor J. H. Milne, D.P.A.

Councillor T. W. Newton

Councillor P. Nussey

Councillor W. Sandham

PUBLIC HEALTH STAFF

WAKEFIELD RURAL DISTRICT.

Medical Officer of Health. and Divisional Medical Officer.

Geoffrey Ireland, B.Sc., M.B., B.Ch., D.P.H.

Deputy Medical Officer of Health. and Senior Assistant County Medical Officer.

Barbara Briggs, M.B., Ch.B., D.P.H

Chief Public Health Inspector.

E. Heald, M.R.S.H.

Additional Public Health Inspector.

A. M. Barker, M.A.P.H.I.

Student Public Health Inspector.

J. Robinson (resigned 11.10.65).
M. Smith (appointed 18.10.65).

Public Health Inspector's Clerk.

Mrs. R. Reynolds

WEST RIDING COUNTY COUNCIL.

Preventive Medical Services: Health Division 13

Assistant County Medical Officers and School Medical Officers.

Irene Hargreaves, M.B., Ch.B.

Ralph David Hall, M.B., Ch.B., D.P.H. (Appointed 1.4.65).

Divisional Nursing Officer.

Miss A. Seelig, S.R.N., S.C.M., H.V. Certificate,
Q.N., Admin. Cert. (Public Health Nursing) R.C.N.

Health Visitors.

Mrs. B. E. Clayton, S.R.N., S.C.M., H.V. Certificate.
 Mrs. E. Driver, S.R.N., S.C.M., H.V. Certificate.
 Mrs. A. H. Humphries, S.R.N., S.C.M., H.V. Certificate
 Mrs. J. Pearson, S.R.N., S.C.M., H.V. Certificate

Midwives.

Miss M. Campbell, S.R.N., S.C.M.
 Miss B. B. Fearon, S.R.N., S.C.M.
 Mrs. J. Renshaw, S.R.N., S.C.M. (To H.V. Course
 1.9.65).
 Miss A. C. Revely, S.R.N., S.C.M.
 Mrs. S. M. Stevens, S.R.N., S.C.M. (appointed 13.9.65).

Home Nurses.

Miss O. Gardner, S.R.N., S.C.M., Queen's Nurse.
 Mrs. M. R. Higgins, S.R.N., Queen's Nurse.
 Mrs. L. Jackson, S.R.N., S.C.M.
 Mrs. T. Pickersgill (Relief Nurse), S.R.N., Queen's Nurse
 Mrs. A. G. M. Wagstaff, S.R.N., Queen's Nurse.

Senior Mental Welfare Officer.

A. Emmerson.

Mental Welfare Officers.

H. H. Robinson, R.M.P.A., R.M.N., M.S.M.W.O.
 Mrs. E. I. Jones, M.S.M.W.O. (resigned 12.10.65).
 R. D. Stephens, R.M.N. (appointed 3.1.66).
 J. R. Marshall, R.N.M.S. (appointed 1.2.66).

Junior Training Centre—Ossett.

Mrs. A. Ellis, N.A.M.H. Diploma—Supervisor
 Mrs. I. Ellis
 Mrs. M. E. Norman

Senior Training Centre—West Ardsley.

Miss I. Beaumont, N.A.M.H. Diploma—Supervisor.
 Miss G. Burlison, N.A.M.H. Diploma.
 Mrs. B. Huntrods, N.A.M.H. Diploma.
 Mrs. K. M. Poyner, S.E.N.
 Mrs. E. Wright
 B. K. Brook, N.A.M.H. Diploma.
 M. Grange.

Healey Croft Residential Hostel—West Ardsley.

R. Tyson, S.R.N., R.M.N. — Warden.
 Mrs. M. Tyson, R.M.N.
 Mrs. L. Jarman.

Chiropodist.

W. S. Fraser, Registered Medical Auxiliary (Part-time)
 (resigned 7.9.65).
 E. Fearby, F.Inst.Ch., S.R.Ch. (Part Time) (Appointed
 1.10.65).

Child Guidance Service.

Dr. K. N. Maxwell, M.B., Ch.B.
 J. B. Mannix, M.Ed. Psychologist
 Mrs. J. M. Spurr, P.S.W.

Chief Clerk.

A. Wright, D.M.A., D.P.A.

Clerical Staff.

J. A. H. Lane, D.P.A. (Deputy Chief Clerk).
 A. C. Attack
 D. Leach.
 C. C. Roberts.
 P. M. Sheard.
 Miss C. Brennan.
 Mrs. G. Burton (Part-time).
 Mrs. L. Crofton (Part-time).
 Miss K. Edmondson.
 Mrs. D. Hunter (appointed 23.8.65).
 Mrs. M. E. Kilburn.
 Mrs. J. Mell (resigned 31.8.65).
 Miss R. M. Morris
 Miss M. G. Shackleton.
 Mrs. E. H. Thornber (Part-time) (appointed 20.9.65).
 Mrs. M. Thornburn.
 Mrs. M. Wingett (Part-time) (resigned 30.9.65).

LEEDS REGIONAL HOSPITAL BOARD

Consultant Staff.

Ear, Nose and Throat Surgeon.

T. B. Hutton, F.R.C.S.

Chest Physician.

J. K. Scott, M.B., Ch.B., M.R.C.P., D.P.H.

School Ophthalmologist.

K. K. Prasher, M.B., B.S., D.O.

Paediatricians.

J. D. Pickup, M.D., D.P.H.

C. S. Livingstone, M.B., B.S., M.R.C.P., D.P.H.

Orthopaedic Surgeon.

Miss M A. Pearson. F.R.C.S

Divisional Health Office,

Windsor House,

Queen Street,

Morley.

25th August, 1966.

To the Chairman and Members of the Wakefield Rural District
Health Committee.

Mr. Chairman, Gentlemen,

I have much pleasure in submitting my Annual Report
for 1965.

The only major change in establishment which occurred during the year was the increase from two to three in the number of Mental Welfare officers, and on the resignation of Mrs. Jones two new officers, Mr. Stephens and Mr. Marshall were appointed. The reason for the increase is related to the development within the Division of two hostels, one for the mentally subnormal called Healey Croft, which was opened in September, 1965, and the other for those recovering from mental illness, called Lee Grange, which is still in the process of construction. Both these hostels are at West Ardsley, near Wakefield.

From the vital statistics it will be seen that the birth rate has fallen, the peak seemingly having been reached in 1964. The death rate remains more or less constant. Only three infant deaths were recorded in the year compared with eleven last year, though the number of stillbirths rose slightly from five to seven in 1965. In spite of this, however, the perinatal rate, which is the number of stillbirths and deaths under one week of age per 1,000 live and stillbirths, was the lowest recorded. Of the seven stillbirths all except one were born in hospital, and in the case of the home confinement the cause of death was due to severe congenital abnormalities. Whereas 25 illegitimate births were recorded in both 1963 and 1964 only fifteen occurred in 1965.

The major cause of death was again heart disease, which caused 75 out of the 216 deaths. Cerebral haemorrhage and thrombosis caused 32 deaths, cancer 30 deaths of which seven, all males, were due to cancer of the lung, and bronchitis caused 22 deaths.

There were no notifications of either poliomyelitis or diphtheria during the year and the number of cases on the tuberculosis register continues to decline steadily.

Towards the end of 1965 I investigated the possibility of adapting the mobile clinic for use in the chiropody service and following the helpful advice received from Mr. Fearby, Chiropodist, successful chiropody sessions were held, using this clinic in the Sharlston, Heath and Walton areas in the early part of 1966. Unfortunately these were later suspended when the mobile clinic was taken off the road for repairs but were resumed again in the summer of 1966.

Plans have now been made for the new clinic at Sharlston and Middlestown, the latter premises being shared with the local general practitioner who proposes transferring his surgery to the new building. The mini-clinic at Crofton, now under construction, should be ready for occupation before the onset of the 1966-67 winter period. A clinic at Walton is desirable but considerable difficulty is being obtained in finding a site and it seems unlikely that this proposal will in fact materialise.

May I thank you Mr. Chairman and Members of the Committee for your support and co-operation during the year.

GEOFFREY IRELAND,

Medical Officer of Health.

VITAL STATISTICS

Area	21,344 acres
Population: Census 1961	20,211
Registrar General's Estimate of Resident Population mid 1965	22,000
No. of dwelling houses	7,326
Rateable Value	£569,799
Product of a penny rate	£2.224.5s.10d.

Summary of Vital Statistics

	Total	M.	F.	
Live Births:				Birth-rate per 1,000 of the estimated resident population 18.0
Legitimate	382	217	165	
Illegitimate	14	7	7	
Still-Births:				Rate per 1,000 (live and still-births) 17.4
Legitimate	6	5	1	
Illegitimate	1	—	1	
Total Births:				
Legitimate	388	222	166	
Illegitimate	15	7	8	
Deaths	216	119	97	Death-rate per 1,000 of the estimated resident population 9.8

Maternal Mortality.

There were no maternal deaths.

Infant Mortality.

Three infants under the age of twelve months died during 1965, giving an infant mortality rate of 7.6 per 1,000 live births.

The following table gives the cause of death of these infants:—

Cause of Death	No. of infants dying in				
	1st week	2nd wk.	3rd wk.	4th wk.	5-52 weeks
Hypothalamic Haemorrhage	—	1	—	—	—
Gastro Enteritis	—	—	—	—	1
Congenital Abnormality	—	—	—	—	1
Total	—	1	—	—	2

Infant Mortality Rate.

Total infant deaths per 1,000 live births	7.6
Legitimate infant deaths per 1,000 legitimate live births	7.8
Illegitimate infant deaths per 1,000 illegitimate live births	0.0

Neo-Natal Mortality Rate.

Deaths under four weeks per 1,000 total live births	2.5
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Early Neo-natal Mortality Rate.

Deaths under one week per 1,000 total live births ...	0.0
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Perinatal Mortality Rate.

(Still births and deaths under one week combined per 1,000 total live and still births	17.4
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CAUSE OF DEATH—WAKEFIELD R.D.

Cause of Death	1963			1964			1965		
	M	F	Total	M	F	Total	M	F	Total
1. Tuberculosis of respiratory tract	—	—	—	—	—	—	—	—	—
2. Other forms of Tuberculosis	—	—	—	—	—	—	—	—	—
3. Syphilitic Diseases	—	—	—	—	1	1	2	—	2
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	1	1
6. Meningococcal Infections	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic diseases	—	—	—	1	1	2	—	—	—
10. Malignant Neoplasm—Stomach	4	—	4	3	4	7	4	1	5
11. Malignant Neoplasm—lung and bronchus	9	2	11	4	—	4	7	—	7
12. Malignant Neoplasm—Breast	—	1	1	—	3	3	—	1	1
13. Malignant Neoplasm: Uterus	—	1	1	—	—	—	—	—	—
14. Other Malignant and Lymphatic Neoplasms	9	4	13	6	6	12	8	8	16
15. Leukaemia and Aleukaemia	—	—	—	—	1	1	1	—	1
16. Diabetes	1	—	1	—	1	1	—	—	—
17. Vascular lesions of nervous system	8	18	26	18	14	32	11	21	32
18. Coronary disease: Angina	30	16	46	30	17	47	31	22	53
19. Hypertension with heart disease	2	2	4	1	3	4	1	1	2
20. Other Heart Disease	11	20	31	14	11	25	7	13	20
21. Other Circulatory Disease	8	8	16	3	3	6	7	5	12

CAUSE OF DEATH—WAKEFIELD R.D. (Continued)

Cause of Death	1963			1964			1965		
	M	F	Total	M	F	Total	M	F	Total
22. Influenza	—	2	2	—	—	—	—	—	—
23. Pneumonia	7	2	9	4	5	9	5	2	7
24. Bronchitis	14	3	17	10	5	15	17	5	22
25. Other diseases of respiratory system	1	1	2	2	—	2	3	—	3
26. Ulcer of stomach and duodenum	2	1	3	1	—	1	3	1	4
27. Gastritis, Enteritis and Diarrhoea	—	1	1	1	2	3	2	—	2
28. Nephritis and Nephrosis	—	—	—	—	2	2	1	1	2
29. Hyperplasia of prostate	1	—	1	—	—	—	2	—	2
30. Pregnancy, Childbirth and Abortion	—	—	—	—	—	—	—	—	—
31. Congenital malformations ...	1	4	5	2	—	2	1	—	1
32. Other defined and ill- defined diseases	10	9	19	11	9	20	1	9	10
33. Motor vehicle accidents ...	4	2	6	4	3	7	1	2	3
34. All other accidents	4	3	7	5	3	8	2	3	5
35. Suicide	—	—	—	2	2	4	2	1	3
36. Homicide & operations of war	—	—	—	—	—	—	—	—	—
Total all Causes	126	100	226	122	96	218	119	97	216

ANALYSIS OF DEATHS IN AGE GROUPS

Under 1		1 — 5		6—15		16—25		26—35		36—45		46—55		56—65		66—75		Over 75		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		1	1	—	—	3	1	2	1	5	3	11	5	26	11	36	20	33	54	119	97

**PRINCIPAL VITAL STATISTICS FOR THE YEAR 1965. Based on the Registrar-General's figures.
COMPARISON WITH OTHER AREAS.**

	Wake- field R.D.	Morley M.B.	Horbury U.D.	Ossett M.B.	Aggregate West Riding Rural Dis.	West Riding Admin. Cty	England and Wales (Prov- isional Figs.)
Birth Rate (per 1,000 estimated population)	18.0	18.3	18.2	20.3	18.7	18.2	18.0
Death Rates (all per 1000 estimated resident popu- lation). All causes ...	9.8	11.2	12.6	11.5	9.9	11.6	11.5
Infective & Parasitic Diseases	0.14	0.02	0.11	0.0	0.05	0.04	*
Tuberculosis of respiratory system	0.0	0.02	0.0	0.0	0.04	0.04	0.04
Other forms of tuberculosis	0.0	0.0	0.0	0.0	0.01	0.0	0.01
Cancer	1.36	2.37	2.02	2.02	1.77	2.07	1.67
Vascular Lesions of ner- vous system	1.45	1.51	2.14	1.89	1.50	1.82	*
Heart & Circ. Diseases...	3.95	4.49	4.72	4.47	3.62	4.48	*
Respiratory disease (excl- uding tuberculosis of respiratory system) ...	1.45	1.02	1.91	1.45	1.07	1.30	*
Infant Mortality (deaths of infants under 1 year per 1,000 live births)	7.6	19.1	18.5	15.5	20.1	20.7	19.0
Maternal Mortality (deaths of mothers due to pregnancy or child birth per 1,000 live and still births)	0.0	0.0	0.0	0.0	0.21	0.16	0.25
Still Birth Rate (per 1000 live and still births) ...	17.4	22.4	6.1	9.2	13.7	16.0	15.7
Perinatal Mortality rate	17.4	37.4	18.4	21.5	24.4	27.3	26.9
Neonatal Mortality rate ..	2.5	15.3	18.5	15.5	13.1	13.9	13.0

* Figures not available.

VITAL STATISTICS OVER THE TEN YEARS 1956-1965

Year	Birth Rate	Peri-natal Mortality Rate	Still Birth Rate	Death Rate	Infant Mortality Rate	Maternal Mortality Rate	Cancer Death Rate	T.B. Death Rate		No. of cases of		No. of Deaths	
								Pulmonary	Non-Pulmonary	Diphtheria	Polio-myelitis	T.B. All forms	Cancer of lung and bronchus
1956	18.6	*	27.0	9.1	22.8	0.00	1.70	0.10	0.00	0	0	2	4
1957	17.5	*	41.3	9.8	34.5	0.00	1.46	0.15	0.00	0	2	3	5
1958	17.8	*	19.2	10.2	28.0	0.00	1.54	0.00	0.00	0	4	0	5
1959	17.3	*	22.4	9.8	22.9	0.00	1.78	0.00	0.00	0	0	0	6
1960	18.0	39.4	31.5	10.5	13.6	0.00	1.95	0.00	0.00	0	0	0	8
1961	18.7	55.4	32.7	10.8	31.2	0.00	1.90	0.00	0.00	0	1	0	7
1962	17.2	40.7	24.4	10.3	16.7	0.00	1.57	0.05	0.00	0	0	1	3
1963	19.0	34.3	9.8	10.6	39.6	0.00	1.41	0.00	0.00	0	0	0	11
1964	20.4	24.7	11.2	10.1	25.0	0.00	1.25	0.00	0.00	0	0	0	4
1965	18.0	17.4	17.4	9.8	7.6	0.00	1.36	0.00	0.00	0	0	0	7

* Figures not available.

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INFECTIOUS DISEASES.
Annual Notifications 1961-1965

Disease	Year of Notification				
	1961	1962	1963	1964	1965
Scarlet Fever	7	5	6	5	7
Whooping Cough	4	2	11	5	2
Acute Poliomyelitis ...	1	—	—	—	—
Measles	309	202	178	88	125
Diphtheria	—	—	—	—	—
Dysentery	6	—	1	—	3
Meningococcal Infection	—	—	—	—	1
Acute Pneumonia	4	16	11	3	4
Smallpox	—	—	—	—	—
Acute Encephalitis ...	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—
Paratyphoid Fever ...	—	—	—	—	2
Erysipelas	3	2	—	—	1
Food Poisoning	—	—	—	2	—
Puerperal Pyrexia ...	2	1	2	—	—
Ophthalmia Neonatorum	—	—	—	—	—
Pulmonary Tuberculosis	3	6	1	—	3
Other forms of Tuberculosis	2	—	—	—	—
Malaria	—	—	—	—	—
Anthrax	—	—	—	—	—

TUBERCULOSIS

Cases requiring examination are referred to either the Chest Clinic at Dewsbury General Hospital, the Chest Clinic at 74 New Briggate, Leeds or the Chest Clinic at Pinderfields Hospital, Wakefield and regular home supervision is carried out by the Health Visitor. Free milk is provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician in charge of the Clinic.

The following table gives the position regarding tuberculosis in Wakefield Rural District in 1965:—

	Respiratory			Non-Respiratory			Totals
	M	F	Total	M	F	Total	
No. on register on 1st January, 1965	27	17	44	1	3	4	48
No. first notified during 1965	2	1	3	—	—	—	3
No. of cases restored to register	—	—	—	—	—	—	—
No. of cases entered in register otherwise than by notification	—	—	—	—	—	—	—
No. removed from register during 1965							
(a) died	2	2	4	—	—	—	4
(b) removed from district	—	—	—	—	—	—	—
(c) recovered ...	2	3	5	—	—	—	5
(d) diagnosis changed	—	—	—	—	—	—	—
No. remaining on register at 31st December, 1965	25	13	38	1	3	4	42

The number of new cases and the number of deaths notified during 1965 are given in detail in the following table:—

Age Period	NEW CASES				DEATHS			
	Respira- tory		Non- Respira- tory		Respira- tory		Non- Respira- tory	
	M	F	M	F	M	F	M	F
0- 5	—	—	—	—	—	—	—	—
6-14	—	—	—	—	—	—	—	—
15-24	—	—	—	—	—	—	—	—
25-44	—	1	—	—	—	1	—	—
45-64	1	—	—	—	1	1	—	—
65 and over	1	—	—	—	1	—	—	—
Totals	2	1	—	—	2	2	—	—

WEST RIDING COUNTY COUNCIL HEALTH SERVICES

LOCAL ADMINISTRATION

CLINICS

CHILD WELFARE CLINICS

MISSION HALL, CROFTON

*Monday 2-00 to 4-00 p.m.

ST. LUKE'S HALL, SHARLSTON

*Tuesday, 2-00 to 4-00 p.m.

RAMSEY CRESCENT, MIDDLESTOWN

*Tuesday, 2-00 to 4-00 p.m.

VILLAGE INSTITUTE, CRIGGLESTONE

*Wednesday 2-00 to 4-00 p.m.

MOBILE CLINIC

(Alternate Mondays)

Recreation Ground, Walton, 9-30—11-30 a.m.

Long Row, Sharlston, 2-0—3-0 p.m.

Park Avenue, Kirkthorpe, 3-15—4-0 p.m.

ANTE-NATAL CLINICS.

Precede all Child Welfare Clinics. 1-30—2-0 p.m.

RELAXATION CLINICS.

Mission Hall, Crofton, Tuesday 2—4 p.m.

St. Luke's Hall, Sharlston, Monday 2—3 p.m.

Ramsey Crescent, Middlestown, Wednesday 2—4 p.m.

Village Institute, Crigglestone, Monday 2—4 p.m.

SPECIALIST SCHOOL CLINICS.

Dental Clinic, held at Ossett and Wakefield by appointment.

Ophthalmic Clinic, held at Ossett and Wakefield by appointment.

Child Guidance Clinic, held at Ossett by appointment.

Speech Therapy, suspended.

IMMUNISATION AND VACCINATION CLINICS

All Child Welfare Centres.

CHIROPODY

SECONDARY MODERN SCHOOL, CROFTON

Friday 2-00 to 5-00 p.m. by appointment.

ST. LUKE'S HALL, SHARLSTON

Friday 2-00 to 5-00 p.m. by appointment

RAMSEY CRESCENT, MIDDLESTOWN

Tuesday 9-00 to 12-00 noon by appointment

VILLAGE INSTITUTE, CRIGGLESTONE

Wednesday 2-00 to 5-00 p.m. by appointment.

* Combined with a School Clinic Session.

CHILD WELFARE CLINICS.

Clinic	No. of Sessions	No. of children who attended and were born in		Total No. of attendances made by children born in		Average attendances per session
		1965	1960-64	1965	1960-64	
St. Luke's Hall, Sharlston Village Institute, Crigglestone	48	57	99	878	708	33
Mission Hall, Crofton ...	52	113	133	1031	507	30
1 Ramsey Crescent, Middles-town	48	68	39	934	445	29
Walton Mobile	48	56	119	955	906	38
Sharlston and Kirkthorpe Mobile	23	33	27	292	182	21
	22	21	34	290	129	19
Total	241	348	474	4380	2877	28

In accord with modern thought and practice on child care, routine weighing of babies over the age of two months has ceased in all Child Welfare Clinics in the Division and after this age further weighings are carried out at the discretion of the Health Visitor or Clinic Doctor. This is reflected in the overall drop of attendances over the year, although the actual number of children attending the clinics has increased particularly in the case of the older child. This decrease in attendances now permits the trained staff to devote their time to advise mothers and provide protection against preventable diseases in children, the chief aim and purpose of any Child Welfare Clinic.

Ante-Natal Clinics

Clinic	No. of Sessions	Total No. of women who attended	Total attendances
Sharlston	3	3	3
Sharlston Mobile	3	3	3
Crigglestone	8	9	9
Walton Mobile	13	8	24
Total	27	23	39

Relaxation Clinics

Clinic	No. of Sessions	Total No. of women who attended	Total Attendances
Sharlston	12	13	32
Crigglestone	17	10	40
Crofton	40	21	169
Middlestown	29	24	117
Total	98	68	358

Dental Treatment for Expectant and Nursing Mothers.

Expectant and nursing mothers are referred from ante natal or child welfare clinics to local health authority Dental Clinics or to a dentist practising under the National Health Service. Treatment, and this includes dentures, is free of charge provided it is completed one year after the birth of the baby. Mothers referred by a local Health Authority staff and inspected for treatment were 54 in the Division, but only 25 of these completed treatment.

Provision of Welfare Foods

Welfare cod liver oil, orange juice, vitamin A and D tablets, and National Dried Milk, are distributed at the Child Welfare Clinics.

Many proprietary brands of milk and other infant foods are sold at the Child Welfare Clinics for the convenience of mothers, and special brands of milk are ordered when necessary.

HOME NURSING

The County Council is responsible for the Home Nursing Service in the Rural District of Wakefield, the four whole time nurses being resident in their own homes.

TYPE OF PATIENT UNDER CARE OF HOME NURSE

Classification	No. of individual patients attended	Total number of visits made
Medical	338	11065
Surgical	99	1416
Infectious Diseases	—	—
Tuberculosis	3	208
Maternal Complications	6	48
Other Conditions	13	123
Total	459	12860

There has been very little change in the nature of the home nurses' work during the year and the majority of patients fall into the 65+ age group and suffer from a medical condition of a chronic nature. The Ministry of Health Report entitled "Use of Ancillary help in the local authority nursing services" mentioned in the section on Health Visiting of this report, makes several recommendations for the Home Nursing service, viz.: delegation of certain duties to less qualified staff, a point I mentioned in my last report.

Day and Night Nursing Service

This service is an extension of the home nursing service and provides a day or night nursing service for a temporary period, usually during the terminal stages of an illness. It is designed to relieve relatives who may be near "breaking point", having cared for a patient at home for a considerable time, and this service is very much appreciated by those relatives who have been under severe strain. Persons employed are trained nurses, persons with nursing experience or "sitters in".

In the past the Marie Curie Memorial Foundation met the full cost of this service for patients suffering from carcinoma, but during 1965 some difficulties arose between the County Council and the Foundation. It has now been arranged that as from the 1st September, 1965, the County Council Scheme is to be extended to include patients suffering from carcinoma. During the year five patients suffering from cancer and four others received the service in the Division, a "sitter-in" being employed on each occasion.

MIDWIFERY

Four whole-time midwives (resident in their own home) were employed by the County Council to serve the Wakefield Rural District during 1965.

The following table shows the number of women confined in hospital, private nursing home, or delivered by midwives and private practitioners in Wakefield Rural District or elsewhere.

Place of Delivery	No.	Percentage of total
Delivered in hospitals	186	46.1 %
Delivered in private nursing homes	—	0.0 %
Delivered by Midwife (alone) in attendance	199	49.4 %
Delivered by General Practitioner (alone) in attendance	2	0.5 %
Delivered with doctor and Midwife in attendance	16	4.0 %
Total (including still-births)	403	100.0

During 1965 the practising midwives summoned medical assistance to 15 mothers and 1 infant.

REASONS FOR MIDWIFE CALLING MEDICAL AID

Mothers		Infants	
Cause	No.	Cause	No.
Prolonged Labour	4	Prematurity	1
Retained Placenta	1		
Ruptured Perinium	4		
Complete Abortion	2		
Breast Condition	1		
Toxaemia	1		
Post Partum Haemorrhage	2		
Total	15	Total	1

All midwives are employed on full midwifery duties and there has been no appreciable difficulties in domiciliary confinements during the year.

There has been a sharp decrease in domiciliary confinements all over the division. This may be partly due to a decrease in the birthrate during 1965 compared with the previous year or could indicate the expectant mothers are more willing to accept a hospital confinement should this be advisable even if it means an early discharge from hospital after delivery. I give below a comparison of early discharges from hospital for the years 1964 and 1965:—

	1965	1964
Patients discharged at 48 hours	57	41
Patients discharged after 48 hours up to and including the 5th day	115	89
After the 5th but before the 10th day ...	146	175
Total ...	318	305

Close co-operation with the general practitioners has continued and in the division seven ante-natal clinics are held in general practitioners' surgeries which are attended by domiciliary midwives.

Provision of Maternity Outfits.

These are provided free to mothers preparing for confinement in their own homes.

Analgesia.

All midwives are trained in the administration of both trilene and gas and air analgesia and are provided with the necessary equipment. Analgesia is available to all mothers desiring it, subject to satisfactory medical examination by a doctor. During 1965 one hundred and seventy five women received trilene.

Emergency Obstetric Unit.

The "flying squad" attached to the General Hospital, Wakefield is available for obstetric emergencies occurring within the district.

Care of Premature Infants.

Special equipment and nursing staff are available for use in the home in cases requiring them.

SURVIVAL OF PREMATURE BABIES (Domiciliary and Hospitals)

Weight at Birth	No. of Premature Babies		No. Dying within 28 days	No. Surviving 28 days
	Born Alive	Born Dead		
Under 2½ lb.	—	—	—	—
2½ to under 3 lb. ...	1	—	—	1
3 to under 3½ lb. ...	—	2	—	—
3½ to under 4 lb. ...	1	1	—	1
4 to under 4½ lb. ...	4	1	—	4
4½ to under 5 lb. ...	9	1	—	9
5 to 5½ lb.	10	—	1	9
Total	25	5	1	24

Maternity Liaison

No invitations were received during 1965 to attend Maternity Liaison Committees.

HEALTH VISITING

The principal role of the Health Visitor according to the Jamieson Report of 1956 is one of health education and social advice and for this purpose she visits the homes to offer guidance on the care of children, persons (including adults) suffering from illness, and expectant and nursing mothers. The Health Visitor also gives advice in the home on the measures necessary to prevent the spread of infection. Her duties are frequently combined with those of School Nurse and she is thus able to follow the pre-school child into school and maintain contact with him or her until school leaving age is reached.

SUMMARY OF HEALTH VISITORS' HOME VISITS

Children aged 0-5 years	
First Visits	1691
Re-visits	3163
	<hr/>
Total	4754
Persons aged 65 years and over	
First Visits	559
Re-visits	1101
	<hr/>
Total	1660
Visits to Home Help Cases	2227
Mental Health Visits	5
Visits to Hospital Discharges	34
Household Visits (T.B. and Infectious	
Diseases	38
Other Visits	111

Difficulty still exists in maintaining a full health visiting establishment and because of this shortage of trained staff certain duties in the past undertaken by the health visitor are now delegated to less qualified personnel, who are designated assistant to health visitor, in order to allow the fully qualified health visitor to fulfil her role as social advisor and health educator.

The duties of the assistants to Health Visitors have been outlined in my last report and they are largely employed in the School Health and Home Help services.

This dilution of staff has been studied by a Sub-Committee appointed by the Standing Nursing Advisory Committee and their findings and recommendations were published in a Ministry of Health report in June, 1965, entitled "Use of ancillary help in the local authority nursing services". Many of these recommendations have been carried out in this Division for several years, some due to dire necessity but all in order to improve the efficiency of the service. The Report stresses the importance of ensuring that the best use is made of the skills of a qualified nurse, who is entitled to expect that the job she does will enable her to use fully the skills she has acquired.

During 1965 it was possible to complete the attachment of Health Visitors to general practitioners in the Borough of Morley with the exception of one partnership which has not yet fully agreed to this venture. Plans for attachment of Health Visitors in the rest of the Division are drawn up and it is only shortage of staff which does not allow the scheme to become fully operative. All general practitioners have found the attachment valuable and state that the liaison with the L.H.A. services have reduced duplication of visits, eliminated conflicting advice and increased co-operation with the Public Health Department, though this had always been good even before attachment. To completely evaluate the scheme would be unwise and untimely at the moment as these are early days and both the general practitioner and the Health Visitor still have a lot to learn from each other in order to give the very best service to the public they both serve.

Phenylketonuria

The "Phenistix" test on all new born babies has continued and during the year 1,501 babies were tested either in clinics or in the home. All children tested proved negative.

Congenital Dislocation of the Hip (Ortolani Test).

This test has been explained in my last report and as stated there it checks the hip abduction movement. A positive case which indicates a congenital dislocation of the hip must be referred promptly to an Orthopaedic Consultant for confirmation of diagnosis and early treatment should this be indicated in order to avoid prolonged treatment or a permanent handicap in later life. Only one case was referred during the year and this was considered negative.

Practical Training of Students

In October, 1965 the new syllabus laid down by the County Council for the training of Health Visitors has been adopted and the Training Council has stipulated that students must only be allocated to specially designated Field Work Instructors who are responsible for the practical training. It was hoped that these practical tutors could be recruited from existing health visiting staff, but unfortunately in this Division this has not been achieved and consequently we are unable this year to provide this practical training in which we have taken such an active interest in the past.

Hospital student nurses still have the two days' district experience during general nursing training to supplement lectures on social aspects of disease. This though brief period is very much appreciated by the students as it supplies the social, economic and cultural background of the patients they are nursing in the wards.

HOME HELPS

In accordance with the National Health Service Act, the County Council provide domestic help for households "where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age."

Home Helps were provided for the following reasons —

	Cases	Hours
Maternity	3	139
Chronic Sick and Tuberculosis	192	29624
Others	3	264
	<hr/>	<hr/>
	198	30027
	<hr/>	<hr/>

There were 198 cases attended by Home Helps during 1965 compared with 193 in the previous year, and the total number of hours worked was 30,027. This is 1,029 less than in 1964.

CHIROPODY

Regular sessions are held at clinics in the area and domiciliary visits can be arranged where the patient is certified to be medically unfit to attend the clinic. Details of the cases treated throughout the year are given below:—

Clinic	sessions held	No. of Patients Treated				Total Treatments Given			
		A	PH	EM	Total	A	PH	EM	Total
Crofton	15	32	2	—	34	102	5	—	107
Crigglestone	29	42	5	—	47	219	18	—	237
Middlestown	24	37	—	—	37	185	—	—	185
Sharlston	22	34	1	—	35	157	—	—	157
Total	90	145	8	—	153	663	23	—	686
Domiciliary Treatments	—	60	9	—	69	230	26	—	256
Grand Total	—	205	17	—	222	893	49	—	942

A — Aged
 PH — Physically Handicapped.
 EM — Expectant Mothers

IMMUNISATION AND VACCINATION

In accordance with the National Health Service Act immunisation against diphtheria, and vaccination against whooping cough, tetanus, smallpox and poliomyelitis may be done either at the clinics or by the Family Doctor.

The number of children in Wakefield Rural District who completed a primary course of immunisation or vaccination in 1965 was as follows:—

Type of Immunisation or vaccination	Year of Birth					Others under Age 16	Total
	1965	1964	1963	1962	1958-61		
Diphtheria	194	144	10	5	31	1	385
Whooping Cough	194	144	8	5	7	—	358
Tetanus	194	144	10	5	35	2	390
Poliomyelitis	73	222	23	18	60	17	413

The number of children in Wakefield Rural District who received re-inforcing doses during 1965 was as follows:—

Diphtheria	—	—	—	—	267	12	279
Whooping Cough	—	—	—	—	—	—	—
Tetanus	—	—	—	—	264	12	276
Poliomyelitis	—	—	—	2	271	127	400

Vaccination against Smallpox.

During the year 126 people were vaccinated against smallpox.

B.C.G. Vaccination against Tuberculosis.

This scheme is approved by the Minister of Health. The vaccine used is B.C.G. and is offered to all children in their fourteenth year with a view to affording protection to adolescents in the early years of their employment in industry and elsewhere.

Vaccination was offered to all children in this age-group in 1965 and the acceptance rate was approximately 55%.

The following table is a summary of the work carried out in the year:—

School	No. of children whose parents accepted	No. of children Heaf Tested	No. with positive reaction	No. with negative reaction	No. vaccinated
Crofton County Secondary	52	38	6	29	29
Crigglestone County Secondary	42	35	2	33	33
Totals ...	94	73	8	62	62

B.C.G. Vaccination is also available at the Local Chest Clinic for the protection of ascertained contacts of cases of tuberculosis and in certain other cases.

NURSERY AND CHILD MINDERS REGULATION ACT

The County Council is authorised under this Act to grant or refuse registration of both Nurseries and Child Minders. Several enquiries for registration have been investigated but no Nursery or Child Minder has been registered during the year.

CO-ORDINATING COMMITTEE ON PROBLEM FAMILIES

Many statutory and voluntary organisations are concerned with the rehabilitation of problem families. In order to bring together, for each of these families the knowledge and activities of the organisation concerned, representatives meet quarterly in Horbury Town Hall under the chairmanship of the Medical Officer of Health. A total of thirty one cases from Wakefield Rural District, Ossett M.B. and Horbury U.D. has been discussed at the meetings during 1965.

GENERAL PROVISION OF HEALTH SERVICES

HOSPITALS.

General Hospital Accommodation.

There are no hospitals within the Rural District, but reasonably adequate facilities are available in Wakefield, Dewsbury and Leeds, under the administration of the Leeds Regional Hospital Board.

Isolation Hospitals.

Patients with infectious disease may be admitted to Snape-thorpe Hospital, Wakefield, Kendray Hospital, Barnsley, or Seacroft Hospital at Leeds. The latter admits all cases of acute poliomyelitis from this area.

Maternity Hospitals and Maternity Homes.

Maternity hospital facilities are available at centres in Wakefield, Dewsbury and Leeds, and there is a maternity home in Morley. Priority is given to abnormal cases and to mothers living in conditions unsuitable for domiciliary confinement.

Hospitals Specialising in Mental Disorder.

In addition to the Stanley Royd Hospital, Wakefield, Meanwood Park Hospital, Leeds and Westwood, Bradford, the Regional Hospital Board has now received Ministry of Health approval for the provision of a new hospital for mentally subnormal patients on a site adjacent to Pinderfields and Stanley Royd Hospitals, Wakefield. This hospital will have 480 beds of which 100 will be for children and 46 for adolescents. There will also be an "infirmary" unit of 20 beds for those subnormal patients suffering from acute medical or surgical conditions. A rehabilitation unit will be provided and in order to facilitate the close liaison with the Local Health Authority Services, accommodation is to be provided for the mental welfare staff. It is expected that work will commence on the hospital towards the end of 1968.

AMBULANCE SERVICE.

The local ambulance service is provided by the West Riding County Council. All calls for the ambulance service should be made to the Wakefield Depot, Stanley Road, Wakefield. Tel. No. Wakefield 3731.

LABORATORY FACILITIES.

The Public Health Laboratory at Wood Street. Wakefield (under the administration of the Medical Research Council of the Ministry of Health) accepts specimens for bacteriological, biological, entomological and chemical investigation from General Practitioners and Public Health Department Staff.

WEST RIDING COUNTY COUNCIL HEALTH SERVICES
DIVISIONAL ADMINISTRATION
HEALTH EDUCATION

During 1965 a regular health education programme was established in the Division and the subject matter is now being changed on a bi-monthly basis. Attempts are made to make the topic seasonal or relate it to a national event or incident. Posters are displayed and leaflets are available in doctors' surgeries, clinics, schools and other public buildings. Use is made of the public refuse vehicles as these make admirable mobile hoardings though the life of a poster is naturally limited. The food sales clerks have also been involved and distribute leaflets with the welfare foods and proprietary milk sales.

We are working on the assumption that for health education to be effective, the same topic must be encountered by the public in as many places as possible for a certain but not too prolonged period and in this way it is hoped to make an impact. To this end we send book-marks on the relevant topic to the libraries at Morley and Ossett who co-operate fully, as do the postmasters in Morley and Horbury who display a poster in their post offices. We have acquired the use of a shop window in Horbury and the window is dressed every two months in accordance with the programme. We have also secured the use of two poster sites at Morley Town Hall and the windows of the Divisional Office are used to advantage as they face on to a main shopping area.

During the procedure of attachment of health visitors to the general practitioners in Morley, the doctors were asked if they would allow us to place a notice board in their waiting rooms, on which the health visitor could display the current items of health education material. As no doctor objected, we made a number of these boards, two by three feet in size, painted white and headed "Health Topics" in the West Ardsley Training Centre. We are, at the time of writing this report, in the process of placing these boards in the various waiting rooms.

Home Safety Committees continue to function in Morley and the Gaskell areas of the Division and the Divisional Medical Officer is represented on both.

Health visitors teach senior girls in all county secondary schools with the exception of two schools. Venereal disease is incorporated in the talks and infectious diseases and special emphasis is put on the relationship of smoking with diseases of the chest.

The problem of the display of notices on venereal disease in the public conveniences was approached from a new angle in Morley by having a stencil cut from a sheet of aluminium. This stencil stated that venereal disease was dangerous and should be treated, and also where information regarding treatment could be obtained. This information was then painted on the walls of the public conveniences using aerosol paint sprays in various colours and I am pleased to say that in over nine months these notices have resisted many forms of desecration and in some cases no attempt to deface has been made.

February 1965 saw the foundation of the Ossett Mothers' Club and a humble membership of 17 in the beginning increased to 80 members by the December with an average attendance of 35 mothers per meeting. The initial arrangement was for the Club to meet once a month, but in response to popular request this was altered to fortnightly meetings in the May. The mothers elected their own officers and committee and these are wholly responsible for the successful running of the Club. The meetings take place at Croft House Clinic and one or two health visitors attend. Amongst the subjects discussed were Care of the Skin, The Work of the Probation Officer, Mentally Handicapped Children, Marriage Guidance, Preparing a Child for School, and Family Planning.

The Mothers' Club in Morley continued to receive popular support and met 11 times during the year; three of these meetings were of a social nature and the remaining ones educational or to discuss future programmes. The following gives some detail of the Club's activities. Dr. Holdsworth spoke on Family Planning, a Morley general practitioner on Sex and your Child, a member of the County Fire Service on Fire Prevention and the Divisional Medical Officer on the Work of the Public Health Department. Talks were also given on the W.V.S. and Oxfam.

This really is a very modest health education programme but it is surprising how much time is taken up with its preparation and implementation. Problems are frequently met such as the lack of availability of a projector, films and filmstrips just when they are required, but perhaps the most important factor is the shortage of clerical staff which has become more and more acute with the development of the two hostels, one for the sub-normal and one for the post-psychotic patient, and the development of the new cytology clinics for screening for cancer of the cervix. Under such circumstances it is health education which tends to suffer when perhaps it should be given priority, as this is the one field where no-one complains if no action is being taken.

THE UNMARRIED MOTHER AND MOTHER AND BABY HOMES

The unmarried mother is referred usually by the Moral Welfare Organisation, our own staff or other services. Should the unmarried mother require a place in a Home prior and after delivery of her baby this can be arranged and financial responsibility is undertaken by the County Council provided she is a bona fide resident of the West Riding. The mother enters the Home during the latter part of her pregnancy, is admitted to hospital for her confinement and returns to the Home for a further few weeks after the birth of her baby. Twelve such cases were accommodated in Mother and Baby Homes during the year.

Of the total of 70 live illegitimate births 50 were dealt with in this Division as indicated below :—

	West Riding Cases	Non- County Cases	Total
1. No. of cases dealt with during the year			
(a) Referred by Moral Welfare Organisations	4	—	4
(b) Ascertained through own staff (midwives, etc.)	24	—	24
(c) Referred by other services	22	—	22
TOTALS ...	50	—	50

2. Analysis:—

- (a) Married* (i) with previous illegitimate children
 without previous illegitimate children
 (b) Single (i) with previous illegitimate children
 (ii) without previous illegitimate children ...
 (c) Widowed or Divorced
 (i) with previous illegitimate children
 without previous illegitimate children

TOTALS ...

	West Riding Cases	Non-County Cases	Total
(a) Married* (i) with previous illegitimate children	2	—	2
without previous illegitimate children	10	—	10
(b) Single (i) with previous illegitimate children	7	—	7
(ii) without previous illegitimate children	28	—	28
(c) Widowed or Divorced (i) with previous illegitimate children	—	—	—
without previous illegitimate children	3	—	3
TOTALS	46	—	46

*For the purpose of the scheme, a married mother of an illegitimate child is included, when known as such, as an unmarried mother.

3. Ages:—

- (a) Under 15
 (b) 15—19
 (c) 20—24
 (d) 25—29
 (e) 30—39
 (f) 40 and over

TOTALS ...

	West Riding Cases	Non-County Cases	Total
(a) Under 15	1	—	1
(b) 15—19	18	—	18
(c) 20—24	17	—	17
(d) 25—29	7	—	7
(e) 30—39	7	—	7
(f) 40 and over	—	—	—
TOTALS	50	—	50

	West Riding Cases	Non- County Cases	Total
4. Disposal : —			
(a) Cases settled : —			
(i) Marriage	—	—	—
(ii) Baby died	4	—	4
(iii) Grandparents to take baby home	1	—	1
(iv) Baby adopted	4	—	4
(v) Baby fostered	1	—	1
(vi) Mother keeping baby	40	—	40
(b) Cases referred else- where	—	—	—
(c) Cases in which action has been taken but not finally settled	—	—	—
TOTALS ...	50	—	50

Close co-operation between Moral Welfare Workers Children's Officers and Health Visitors exists, thus ensuring the best possible arrangements for the infants.

CARE AND AFTER-CARE

Recuperative Home Treatment

Twenty-two patients were sent to various convalescent homes from this Division during the year following medical recommendation from the family doctor. Applications are only considered where the patient is recovering from an illness and when it is likely that a period in a convalescent home would hasten recovery.

Provision of Nursing Equipment in the Home

1,244 items of nursing equipment were issued to patients being nursed in their own homes. Such equipment included commodes, bed pans, rubber sheets and wheel-chairs. The latter are for temporary use only as chairs for permanent use are supplied by the Ministry of Pensions through the hospital service.

Incontinent Patients

A laundry service for these patients is available in Morley Borough where arrangements can be made for the soiled linen to be collected and taken to Dewsbury General Hospital for washing. This service is gradually being superseded by the use of disposable pads which are used in the rest of the Division. These pads can be changed more frequently than bed linen and are therefore much more convenient.

Hospital Liaison

Four health visitors are engaged in hospital liaison work, two undertaking premature baby liaison at Wakefield General Hospital, Manygates Maternity Hospital and Leeds Maternity Hospital. One carrying out geriatric liaison with Headlands Hospital, Pontefract, and one diabetic liaison with Clayton Hospital, Wakefield.

Premature Baby Liaison

This takes place at Manygates Hospital and Wakefield General Hospital. The Health Visitor visits weekly and obtains environmental reports for the Paediatricians and notifies the Divisions of the pending discharge of a premature baby. The Health Visitor also attends a follow-up clinic at Manygates Hospital.

At Leeds Maternity Hospital premature baby liaison consists of the health visitor joining a ward round on the premature baby unit, providing Professor Craig with environmental details obtained by telephone contacts with the respective health visitor and attending a follow-up clinic.

Liaison with the Department of Paediatrics at Leeds General Infirmary comprises of a ward round and attendance at Professor Craig's clinic, where children usually of school age and largely suffering from emotional difficulties are seen. The health visitor is responsible for the exchange of information between the Department of Paediatrics and the Divisional Medical Officers concerned and obtains records of home environment and scholastic attainments.

Diabetic Liaison

The Health Visitor attends Dr. Fletcher's Diabetic Clinic every Monday at Clayton Hospital. She does follow-up visits to diabetic patients in her own area and refers patients together with detailed instructions regarding diet and insulin therapy to the health visitor responsible for the patients seen from other Divisions.

Geriatric Liaison

The liaison health visitor contacts Headlands Hospital twice daily, when patients are referred to her whose admission to hospital has been requested by their General Practitioner. The health visitor visits and writes a report giving all relevant details to the Geriatrician, including degree of urgency for admission. Should an admission be of a very urgent nature the hospital is contacted by 'phone rather than by written report and arrangements are made without delay, providing a bed is available. The health visitor also attends a weekly discharge review round where arrangements are made for the patient to return home, and this includes notification of relatives and mobilisation of statutory and voluntary agencies should these services be required.

MENTAL HEALTH

Mental Welfare Officers

There are two Mental Welfare Officers in the Division who are concerned with the pre-care and after-care of mentally disordered persons, and with the admission of such patients to hospital when this becomes necessary. A twenty-four hour service is operated for the admission of patients to Psychiatric Hospitals. Recognition of the Mental Welfare Officers' services in the community is steadily gaining ground and liaison between health visitors, Welfare Officers, Probation Officers, Police, Youth Employment, Ministry of Labour, W.V.S. and other agencies, both voluntary and statutory, is very good in this Division. Co-operation with the general practitioners is improving and more of them are drawing the attention of the Mental Welfare Officers to patients who can benefit from an opportunity to talk to a person with a special experience in mental health. Such first aid treatment sometimes averts a complete breakdown and hospitalisation.

During the year a half of the Health Visitors have been attached to General Practitioners in the area and it has been noticeable that Health Visitors are now more than ever bringing border-line mental health questions to the notice of the Mental Welfare Officers. This fact is quite encouraging when considering the aspect of pre-care. Social and personal problems may underlie many of the symptoms presented in the General Practitioner's surgery and it is often possible for the experienced Mental Welfare Officer with his special knowledge to modify the emotional stresses which so often lead to a condition of mental ill-health.

Good relationship exists with the hospitals in the catchment area and the Consultant Psychiatrists appear to have quite a high degree of confidence in the services of the Mental Welfare Officers in the community. Social and environmental histories are obtained and submitted to the various Consultants as regards in-patients and referrals are regularly received in respect of in-patients on their discharge from hospital.

The Mental Welfare Officers attend regular case conferences, hospital out-patients clinics and frequent in-service training courses are held at Grantley Hall.

PATIENTS UNDER LOCAL HEALTH AUTHORITY CARE IN DIVISION 13

Number of Patients Under L.H.A. Care at 31-12-65	Mentally Ill		Psychopathic				Subnormal				Severely subnormal				Total subnormal and severely subnormal		Grand Total of Col's (1) — (16) (19)		
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16 (17)	16 and over (18)					
	M	F	M	F	M	F	M	F	M	F	M	F							
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)			
(a) Total number.	—	—	121	152	—	—	—	—	15	20	77	73	—	2	1	—	37	151	461
(b) Attending day training centre ...	—	—	—	—	—	—	—	—	15	20	24	23	—	2	1	—	37	48	85
Awaiting entry thereto	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Resident in residential training care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence therein ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Receiving home training ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting home training ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e) Resident in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	11	12	—	—	—	—	—	23	23
Awaiting residence in L.A.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
home/hostel ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Resident at L.A.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
expense in other residential	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
homes/hostels ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1
Resident at L.A.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(f) Receiving home visits and not included under (b) to (e) ...	—	—	121	152	—	—	—	—	—	—	41	38	—	—	—	—	—	79	352

Psychiatric Social Club

This Club is held every week at Morley Clinic and since it was started in 1962 the number of names on the register has totalled thirty-one. Its purpose is to assist in the social rehabilitation of patients discharged from hospital and to serve as a link between the hospital and domiciliary services. The attendance fluctuates considerably and though the highest weekly number has been in the region of fifteen, this has not been maintained for many weeks at a time, and the average number has been eight. At least ten members are now working satisfactorily and have reached a point where they wish to remain at home at the end of their day's work and they no longer attend the Club.

Attendance at a psychiatric social club is a form of psychotherapy though of course this is interwoven between the various games and activities such as table tennis, dominoes, card games and bingo. Good use is also made of the record player. There are usually a number of small prizes for the winners of the various games and during the evening tea and biscuits are served.

Training Centres

Ossett Junior Training Centre

The year started with 26 children on the register and ended with 24, the age range being 2—8 years. Nine children were admitted and 11 left during the year; seven of these being in the 9—11 age group were transferred to the junior wing of West Ardsley Training Centre in September because of overcrowding at Ossett. Of the remaining four, one was admitted to West Ardsley Centre earlier in the year on reaching the age of eleven years, one was admitted to a special school for educationally subnormal children, one was admitted to hospital for long stay care and the parents of the last child moved to another part of the country.

Ages of Children in years in Attendance at Ossett Training Centre.

Sex	AGE								Total
	2+	3+	4+	5+	6+	7+	8+	9+	
M.....	1	1	1	2	4	6	—	—	15
F.....	—	—	1	2	2	1	3	—	9
Total ..	1	1	2	4	6	7	3	—	24

The transfer of the 9—11 age group of children from this Centre lowered the average age to 6 years and in addition a few younger children were admitted. This resulted in the training programme being adapted to meet the needs of the younger group. Basically however the programme remained the same with the Supervisor taking the class where actual learning can be developed, continuing her experiments on reading ability started in 1964.

The staff consists of the Supervisor, an Assistant Supervisor and a General Assistant. There is a kitchen staff of one who works part-time—the meals being supplied by the School Meals Service.

Students at Leeds and Sheffield taking courses leading to the Diploma of the National Association for Mental Health were seconded during the year to the Centre for practical training.

The H.M.S. Zulu project developed further in 1965 and culminated in a party of children from the Centre visiting the ship at Rosyth. The journey was made by coach and air and was a great experience for the 15 children taken who were in the 6—11 age group. It is to the credit of the Supervisor that this venture was even contemplated as the potential difficulties involved seemed to be enormous. Nevertheless, with help from many people and voluntary organisations the journey was arranged and undertaken without any insoluble problems developing and the children were a credit to the Centre throughout the whole day.

The Parent Teacher Association continued to flourish and in addition to holding regular meetings, helped to finance the H.M.S. Zulu trip and an extra outing for the children at the Centre.

West Ardsley Training Centre

The Comprehensive Training Centre at West Ardsley is now well established since being opened in April, 1963. There are 75 trainees on roll from the age of 10 years upwards, and there are places for 24 juniors, 23 Adult Males, 23 Adult Females and six in the Special Care Unit.

Ages of Trainees in Attendance at West Ardsley Training Centre

	Junior Wing						Adult				
	Junior Group			Transitional Group							
Sex ...	10+	11+	12+	13+	14+	15+	16+	20+	30+	40+	Total
M	4	—	—	1	4	—	8	9	—	4	30
F	2	1	1	2	4	1	11	7	3	7	39
Total	6	1	1	3	8	1	19	16	3	11	69

The junior wing, which accommodates children under the age of sixteen years has a full and varied time-table which takes account of the fact that a number of these children are physically handicapped in addition to being subnormal. Seven children were transferred to this wing from Ossett Junior Training Centre in September, 1965 because of overcrowding and as their ages were between 9 and 11 years this lowered the average age of the junior section.

The older group of the Junior Wing is named the Transitional group. Here the trainees are prepared for transfer into the Adult departments. This transfer period lessens the shock of moving when the trainees reach the age of 16.

The children in the junior wing visit the local swimming baths each week accompanied by two members of staff. All round training is involved in this visit—travelling on public transport, getting their own fares, and dressing and undressing themselves. At first they were nervous of the water and much patience and encouragement was needed, but now the children are quite confident and a number have mastered the co-ordinated movement of arms and legs.

The numbers in attendance in the Adult department have increased due to trainees being admitted from the newly opened Healey Croft Hostel. Thirteen of these residents were admitted during the latter part of the year and they were relatively high grade, tending to be of unstable temperament, aggressive and prone to outbursts of temper. This resulted in extra pressure being put on the Instructors. It was then discovered that the Centre had become divided into two camps—Hostel resi-

dents versus the Rest, and as this was an entirely new experience for the staff, every ounce of effort was needed to overcome the problem. At one time the staff nearly gave up the struggle, quarrels and even fights had to be settled, trainees were absconding or threatening to abscond and frustrated staff were trying to keep calm. Then gradually things began to ease a little and the atmosphere became more pleasant, until by the end of the year the Centre was once more united.

Training continues in the field of light industry and woodwork, dressmaking, light assembly work and laundry are all undertaken. When a new contract has been obtained, considerable thought and time has to be spent breaking the work down into simple processes by the instructors. Jigs have to be made which are suitable for the trainee to use, and which are also suitable for the manufacture of a perfect article. Training in speed, care of tools and materials is important as is the quality of the finished product and I am pleased to say that the standard of work so far completed has been quite high.

During the year four trainees obtained outside employment and what is more important they did not lose this work and have to return to the Centre.

The Parent-Teacher Association formed early in 1964 continues to operate successfully. This Association helps in bringing the parents together, along with the staff, to talk over any problems which have arisen or may arise. During the past year a cine camera and projector, a climbing frame for the Junior wing and a badminton outfit for the Transitional group have been purchased. The Association also provided money to help with expenses incurred at annual outings, Christmas and other occasions from funds obtained by holding successful bazaars, fashion shows and displays.

Special Care Unit

The Special Care Unit is situated in the West Ardsley Training Centre and has six places for the severely subnormal and who in many cases are badly physically handicapped.

The ages in the Special Care Unit are varied, and are as follows:—

AGES IN YEARS					
Males			Females		
6	11	26	5	8	18

This Unit serves a valuable purpose in that it gives great relief to parents throughout the day as the patients are conveyed to and from the Centre by special transport.

Here the patients are helped to learn to walk and use their limbs. Emphasis is also placed on toilet training and we can record several successes which have pleased the parents.

It is hoped to enlarge this Unit in the forthcoming year as new extensions are planned at the Centre so that the available places will be doubled from six to twelve.

Hostels

Healey Croft Hostel.

This hostel, completed in 1965, admitted its first residents on 14th September and by the end of the year twenty-three subnormal adults were in residence. The hostel has places for 30 residents (which includes the bed in the sick-bay) and structurally consists of three wings. Two of the wings, each two storied, contain the bedrooms and are at right angles to each other. One is for male residents and also contains the warden's flat, the other is for female residents and contains two bed sitting rooms for two assistant wardens. These two wings are joined by a common approach to the third wing, which is single storied, and contains the kitchen, dining room, lounges, games room, office and the reception area.

The resident staff consists of a warden and two assistant wardens (one of whom is the warden's wife). There is a non-resident cook, five part-time domestic assistants and a part-time caretaker (shared with the nearby West Ardsley Training Centre).

Age and Sex of Residents at Healey Croft Hostel

Sex	16+	19+	22+	25+	30+	40+	50+	60+	Total
M	2	1	—	2	3	2	1	—	11
F	2	2	1	1	1	3	2	—	12
Total .	4	3	1	3	4	5	3	—	23

Broadly speaking we have admitted four groups of resident as follows:—

1. Subnormal adults living in the community who lose by death or illness their parent or guardian, temporarily or permanently (8).
2. Subnormal adults living in hospitals but not considered to be in need of treatment (7).
3. Subnormal children residing in children's homes who attain the age of 18 years and are considered to be in need of continued supervision (3).

4. Subnormal adults with poor physical and/or mental social conditions existing in the home and which may have resulted in anti-social behaviour (5).

Considering the number of staff and the number of residents the first two groups have proved to be the least problematical and the most suited to a hostel that is run in principle like a home where the aim is to provide a homelike and stable background.

For the third group the residents from children's homes prove difficult due to the massive adjustment they have to make from a well ordered children's home, where in many cases they have been for a long time, to an adult setting.

The subnormal adults admitted in social and anti-social groups prove the least suited and actually put in danger the principle of the hostel which is to function as a substitute home and retain a certain permissiveness of outlook. Problems with this group can arise particularly when one considers that the three resident staff can have to cope with 30 residents.

The residents fall into two sections: (a) working residents (9); (b) residents attending the Training Centre (14) some of whom are capable of employment but the female residents in this category prove hard to place.

This grouping causes difficulties in organisation and administration at the Hostel. For example as regards entertainments and recreations the working subnormals are functioning in a more real way. They receive their pay packets, are better off financially and resist to some extent being organised and it is probably right that they should be encouraged to find their own suitable outlets. The residents attending the Training Centre tend to remain near the "apron strings" and require encouragement and a lead in recreational activities. Bed times, meal times, etc., which have to relate to the hostel as a whole can prove difficult as seen by the analogy of a normal home situation where there are two 4-5 year olds and two 9-10 year olds.

From an administrative point of view the various meal times are also affected by this grouping and breakfasts are had as follows: 5-30 a.m. for four residents, 6-30 a.m. five residents, 8 a.m. fourteen residents. The Training Centre residents have their evening meal at 5 p.m. and those returning from work at 6 p.m.

There have been problems during these first four months, one or two quite serious, and relating to bad placement but on the whole the hostel has tended to develop its own personality and the residents have settled down quite well.

Lee Grange Hostel.

This hostel is under construction and will cater for post-psychotic cases. It is anticipated that it will be ready for occupation in the autumn of 1966.

SCHOOL HEALTH SERVICE

Once again there has been no great material change in the day to day administration of the School Health Service. Changes of staff have occasionally caused difficulties but with the help of general practitioners all our commitments have been met and completed.

During the year 3,967 children were examined under our routine and selective schemes of medical examinations and it was encouraging to note that only one child was considered to have an unsatisfactory general physical condition. The selective scheme of examination continued throughout the year and appears to grow in popularity with the teaching staff as time goes on.

SCHOOL POPULATION

	Morley	Ossett	Horbury	Wakefield Rural	Total
No. of departments	29	11	6	18	64
No. of children in attendance	6000	2800	1250	2400	12450
No. of children examined	1963	786	351	870	3970

ROUTINE SCHOOL INSPECTIONS

Group	Morley		Ossett		Horbury		Wakefield R		Total	
	Satis	unsatis	Satis	unsatis	Satis	unsatis	Satis	unsatis	Satis	unsatis
Entrants	736	—	280	—	104	—	418	—	1538	—
Leavers	518	—	212	—	114	—	171	—	1015	—
Total	1254	—	492	—	218	—	589	—	2553	—

The children in the Junior Schools are covered by the non-routine scheme and so are not routinely examined.

The number of these children is included in the number of Special Examinations as indicated in the following table.

SPECIAL EXAMINATIONS

Type of Examination	Morley	Ossett	Horbury	Wake- field Rural	Total
Special examinations ...	404	207	90	149	850
Selective examinations .	305	87	43	132	567
Total	709	294	133	281	1417

CLEANLINESS

53 children were excluded from school during the year on account of head infestation and 8 children were compulsorily cleansed. The health visitor attends her schools at frequent intervals throughout the year to examine the children and where unclean or verminous conditions are found to exist the parents are informed and are instructed in the application of an effective remedy. Statutory action is taken in cases of default.

CLEANLINESS INSPECTIONS

	Morley	Ossett	Horbury	Wake- field R	Total
No. of children examined	14121	4064	3641	7096	28922
No. of cases of infestation	443	188	12	118	761
% of infestation	3.8	4.3	0.3	1.6	2.6
No. of individual cases of infestation	257	147	6	83	493
No. of children excluded from school	51	—	1	2	53
No. of cleansing notices issued	16	—	—	1	17
No. of cleansing orders issued	11	—	—	1	12
No. of children compulsorily cleansed	8	—	—	—	8

VISION

All children with a visual acuity of 6/9 are kept under observation and those with less than 6/9 vision are referred for specialist examination. The following table presents a summary of the findings, and it will be seen that the bi-ennial vision testing of all school children has been continued throughout the year and of 6,551 children examined 366 cases of defective vision were referred for consultative opinion.

RESULTS OF VISION TEST

Age	No. Ex- amined	Normal		Observation		Treatment	
		No.	%	No.	%	No.	%
5	1535	1392	90.7	69	4.5	74	4.8
7	1004	873	87.0	87	8.67	44	4.33
9	1102	944	85.6	122	11.1	36	3.3
11	859	727	84.6	100	11.6	32	3.7
13	1039	823	79.2	161	15.5	55	5.3
15	1012	810	80.0	77	12.4	125	7.6
Total	6551	5569	84.8	616	9.3	366	5.9

HEARING

The routine audiometric testing of all 7 year old children was continued during the year and of 1,191 children tested by the nursing staff, 63 were referred to the school medical officers for further investigation. Once again the accommodation provided in some schools was not conducive to accurate testing and one can appreciate the difficulties encountered by the sound of "Hark the Herald Angels Sing" on one side and the flushing of the toilets on the other.

CLINIC AND CONSULTANT SERVICES

The Division is well served by neighbouring hospitals and hardly any delay occurs when consultative opinion is required. The Division has its own Psychiatrist, Psychologist, Ophthalmologist and Paediatrician, but the last service was withdrawn at the end of the year.

REFRACTION CLINIC

Refraction Clinics staffed by specialists are held at Morley Ossett and Wakefield and the waiting lists in respect of the first two areas are negligible and in respect of Wakefield amounts to some four months.

ATTENDANCES AT REFRACTION CLINIC IN 1965

	Wakefield	Morley	Ossett	Total
No. of sessions held	25	38	25	88
No. of new cases	60	177	60	297
No. of refractions carried out ..	285	528	257	1070
No. of cases where spectacles were prescribed	100	211	94	405

EAR, NOSE AND THROAT CLINIC

Children requiring specialist examination are referred to the hospital clinics at Batley and Wakefield after the consent of the general practitioner has been obtained.

Paediatric Clinic.

The paediatric service which was held at Morley clinic for many years was withdrawn on the 31st December, 1965, and future cases will now be referred to the local hospitals as happens for children in the Wakefield, Ossett and Horbury areas. During 1965 18 children made 25 attendances at the Morley clinic.

CHILD GUIDANCE SERVICE.

The Child Guidance Clinics in Ossett and Morley have been operative for almost three years and 1965 saw almost twice as many cases being referred and seen as in the previous twelve months. In the main the cases have been referred by general practitioners and the school medical officers.

CHILDREN ATTENDING CHILD GUIDANCE CLINICS

	Ossett	Morley
Number of sessions held	47	47
Number of new cases	15	19
Number of cases referred from 1964	10	8
Number of cases discharged or referred for residential accommodation	10	9
Number of Cases carried forward to 1966	15	18

Two children were placed in a hostel for maladjusted children during the year.

SPEECH THERAPY CLINIC

The lack of these therapeutic facilities presents a big problem, and we have a waiting list of 76 known children requiring speech therapy although there will be many more who have not been referred because of the non-existence of the service.

HANDICAPPED PUPILS

Forty-two children were either initially ascertained or re-examined during the year and at the end of 1965 we had a total of 243 handicapped children on our register. Of these, 106 children were already receiving appropriate education in special schools or in their own home. Eleven physically handicapped children remain to be placed in special schools but the biggest problem is the provision of appropriate special education both in special schools and the ordinary school for the educationally sub-normal child. Forty nine educationally sub-normal children still await placement in special schools and it is hoped that the proposed new special school to be built at Crofton will help to reduce this waiting list.

Category	Morley	Gaskell	Total
Blind	—	—	—
Partially Sighted	1	6	7
Deaf	2	6	8
Partially Hearing	3	1	4
Educationally Subnormal	67	53	120
Physically Handicapped	4*	10†	14
Maladjusted	3	2	5
Delicate	3	4	7
Epileptic	—	1	1
Total	83	83	166

*1 child was receiving home tuition.

†2 children were receiving home tuition.

Seventy-seven educationally subnormal children have been recommended for special educational treatment in the ordinary school, but one must acknowledge that the chronic teaching staff shortage virtually means the non-implementation of these recommendations.

Pre-School Handicapped Children

Under the national scheme congenital abnormalities are notified by the midwife on the birth notification card and in addition to this a card index is kept in the Divisional Health Office of all children who are born with or develop a handicap either physical or mental which may be of such a degree as to necessitate special arrangements for the child's education. These children are closely supervised, frequently visited by the health visitor, and their reports are submitted to the Medical Officers who will eventually come to a decision re the best possible arrangements for every particular child.

SURVEYS.

The Oxford Survey into Childhood Cancer Deaths has been in progress some years now and the Division continues to take part in the Survey. One must feel some considerable admiration for the way parents of children who had recently died from cancer gave their utmost co-operation and one hopes that the tragedy sustained by these families and the willingness in which they supported the scheme will lead eventually to a reduction if not the end of this disease.

In 1958 a survey of virtually every baby born in the week 3rd to 9th March was carried out and the co-operation of all the mothers, doctors and midwives throughout the country was obtained. As a result of this National Child Development Study a great deal has been learnt which has led to an improvement in maternity services and the saving of infant life. As yet little is known about the many things which affect children's development and in 1965 the above National organisation asked local authorities to carry out a further survey of all these children seen previously in 1958. We had 24 such children in the Division and the survey took the form of many personal and confidential questions being asked of the parent and an eventual comprehensive examination of the survey child.

Children and Young Persons' Act, 1933.

Seventy-one children made application to take part-time employment during the year and all were considered physically fit for their jobs.

CONCLUSION

The co-operation and excellent relationships which the section has with the teaching staffs and general practitioners has remained constant and given encouragement to our staff.

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply.

A total of 7,326 houses are on public supply.

The supply at Hall Green, Woolley Village and Haigh has been improved.

In general the supply of water has been satisfactory both in quality and quantity.

Drainage and Sewerage.

Work on the new sewerage works at Notton has been completed. The schemes in preparation during the year were the re-design of the sewerage works at Walton, Crofton, Crigglestone and Middlestown.

Housing.

There is a total of 7,326 dwelling houses in the district, including 76 back-to-back houses.

During 1965 269 new houses were completed in the Wakefield Rural Area, 46 being provided by the Council and 223 by private enterprise.

There were no unfit houses officially represented in Clearance Areas during the year. Ten houses not in clearance areas were demolished, and 16 individual unfit houses closed under Section 17 (1) of the Housing Act, 1957.

Rent Act, 1957.

One certificate of disrepair was applied for and granted.

Grants for Conversion or Improvement of Housing Accommodation.

During the year 134 formal applications were received for improvement and conversion works, all of which were approved. Of these, 130 were for discretionary grants, and 4 were for standard grants. A total of 137 houses were improved by discretionary grants, and 7 by standard grants during the year.

Nuisance Inspections.

Nine informal notices and one Statutory Notice were issued. All were abated by the end of the year.

Sanitary Accommodation.

No. of houses provided with water closets	7289
No. of houses provided with waste water or trough closets	—
No. of houses provided with chemical closets	—
No. of houses provided with earth or pail closets	37
No. of earth closets etc. converted to water closets	11
No. of earth closets demolished	6
No. of houses served with earth closets, etc., due to lack of sewer or water facilities	37

During the year notices were served under Section 47 of the Public Health Act 1936 to secure conversion of earth closets. Grants were made as required.

Public Cleansing.

This is in operation throughout the whole of the district. Bins and pails are emptied weekly as far as possible. Privies are emptied weekly or fortnightly depending on local circumstances.

The paper sack system of refuse storage and collection was further extended by 1,068 units, bringing the total properties now in this system to 2,936, and now includes the whole of the parishes of Woolley, Bretton, Walton and parts of the parishes of Sharlston, Heath, Crofton, Notton, Sitlington, Crigglesstone, Chevet and Winterset. Further extensions are planned.

Disposal of Refuse.

All refuse in this area is disposed of by controlled tipping using mechanical aids.

Food Premises.

There are, in the district, 120 premises, retailing food, excluding works canteens of which there are a further seventeen premises.

Twelve premises are butchers shops, seventeen are fish and chip shops, and five are bakehouses.

A total of 420 inspections and visits were carried out during the year under Food Hygiene Regulations and Meat Inspections. Foods condemned, and meat unfit for human consumption were disposed of either by collection by the manufacturers of fertilisers or buried on the refuse tip.

Ice Cream.

Under Section 16 of the Food and Drugs Act, 1955, 37 retailers are registered for the sale of ice cream.

Processed, Preserved and Manufactured Meats.

Under Section 16 of the Food and Drugs Act, 1955, twelve premises are registered for the production or sale of processed, preserved, pickled and manufactured meat.

Prevention of damage by Pests Act, 1949.

Under this Act a total of 180 inspections were made and 149 cases of infestation were dealt with during the year.

Swimming Baths and Bathing Pools.

There are no swimming baths or bathing pools in the area.

Clean Air Act.

Seventy-four observations and inspections were undertaken. Where any breach of the Act occurred the offenders were immediately informed and the suitability or otherwise of fuels, techniques and plants established.

Improvements to existing plant have been, and are being effected at collieries within the area.

MEAT INSPECTION.

The following table gives details of the carcasses and offal inspected and condemned in whole or in part :—

	Cattle, excl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	394	2	—	1081	5	—
Number inspected	394	2	—	1081	5	—
All diseases except Tuberculosis and Cysticerci Whole carcasses condemned	—	—	—	—	—	—
Carcasses of which some part or organ was condemned	63	—	—	5	3	—
Percentage of the number inspected affected with disease other than tuberculosis & cysticerci	16.0%	—	—	0.46%	60%	—
Tuberculosis only Whole carcasses condemned	—	—	—	—	—	—
Carcasses of which some organ or part condemned	—	—	—	—	—	—
Percentage of the number inspected affected with tuberculosis ...	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Cysticercosis Carcasses of which some part or organ was condemned	—	—	—	—	—	—
Carcasses submitted to treatment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

**ANNUAL REPORT OF THE MEDICAL OFFICER OF
HEALTH IN RESPECT OF THE YEAR 1965 FOR THE
RURAL DISTRICT OF WAKEFIELD IN THE COUNTY
OF YORKSHIRE**

**Prescribed Particulars on the Administration of the
Factories Act, 1961**

PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspection (3)	Written notices (4)	Occupi- ers prose- cuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	5	5	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	41	19	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
Total ...	46	22	—	—

2—Cases in which DEFECTS were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work) ...	—	—	—	—	—
Total ...	—	—	—	—	—

PART VIII OF THE ACT

OUTWORK

(Section 110 and 111)

Nature	Section 110			Section 111		
	No. of outwork ers in Aug. list required by Section 110(1) (c)	No. of cases of default in sending lists to the Council	No. of Prose- cutions for failure to supply lists	No. of instan- ces of work in unwhole- -some premises	Notices Served	prose- cutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing, apparel Making, Cleaning and Washing, etc.	2	—	—	—	—	—

